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## Seven Commandments of Medical Consultation

I HAVE COME UP WITH THE SEVEN COMMANDMENTS OF PREOPERATIVE EVALUATION, in terms of being a medical consultant. If you keep these in mind, I think you'll always do a good job and you'll also be able to teach your students or people who work for you how to do a good consultation.

Assessment must be Complete. That includes looking at old records to find out what has transpired. The most common one is cardiograms that have changed in the last couple of years.

You must Oversee the case for which you were consulted; don't stray into other areas that you weren't asked to see in that patient. You might be treading on territory that doesn't belong to you. That often happens at our place when hematology is involved, for instance. We're asked to see the patient for a specific pulmonary problem, and we start commenting about the hematologic problems.

Promptness is Necessary; I think that's important.

Salient recommendations are called for; be precise. "Cleared for surgery" at the end of the consultation with no other recommendations is pretty shallow. "Cleared for surgery with no recommendations" might not stand up in court too well.

Utilize frequent communication. Please talk to the physician who has referred the patient to you.

Don't rely on Literature to substantiate: the people who consult you don't care how much you can quote the literature on the latest therapy.

If there is something important, you can work it into your recommendations and make it a valuable Teaching process for your consultations.

If you put these all together, all seven items, they spell *CONSULT*. I think if we keep just these points in mind, we can then convey this to our younger people coming up and, of course, make some points with the people who consult us.

—GENO J. MERLI, MD

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